ILLINOIS DEPARTMENT OF INSURANCE

DYNAMIC SYMBOL RATED

SUMMARY SHEET

Change in Company's premium or rate leve	el produced by rate revision effective $\frac{L}{L}$	EB. 1, 2008, RENEWA
(1)		en, 1, 200 (8) recolumn
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private	n	- 3.5 %
Passenger Cemmercial	<u> </u>	<u> </u>
 Automobile Physical Damage Private Passenger Commercial 	Ô.	<u> </u>
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Suretý		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (te	rritories) or certain classes? If so, spec	ify:
Brief description of filing. (If filing follows	rates of an advisory organization, spe	ecify organization): NOT ADV[SORY
*Direct Eamed Premium from Annual State	amonte (Page – 14)	
**Change in Company's premium level which	ch will result from application of new ra	
	AMERICAN	FREDOM INSURANCE CO. Name of Company RWICITIN'S SUPERVISOR.
	UNDE	EWILITIN'S SUPERVISOR
		Official - Title



SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective $\underbrace{\mathcal{D}_{\mathcal{E}}}$	EC. 1, 2006. NEW BUSIN
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	8. 1, 2007 ₍₃₎ RENEWALS Percent Change (+ or -)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other 	5303800 10476334	-332
	territories) or certain classes? If so, specify:	
*Direct Earned Premium from Annual Sta	atements (Page – 14). thich will result from application of new rates	

FORM (RF-3) SUMMARY SHEET

(2) Annual Premium Volume (Illinois) * 7,976,401	(3) Percent Change (+or-) **
Volume (Illinois) *	Change (+or-) **
	
7,976,401	0%
2,226,304	-3.5%
<u> </u>	
	• "
	_
n territory (territories) or cert	ain
Modified Symbol Relativi	ties
filing follows rates of an advi	sory
Modified Symbol Relat	ivities
	Modified Symbol Relativi

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/11/2006

	(1) Coverage	(2) Annual Premium Volume (Illinois <u>)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial	\$7,046,163	0
2.	Automobile Physical Damage		
	Private Passenger Commercial	\$5,158,162	0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11 .	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		<u></u>
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	no
		tes of an advisory organization, specify orga	nization):
Intro	duction of 50 tier program.		
	ljusted to reflect all prior rate changes. hange in Company's premium level whi	ch will result from application of new rates.	
		American Home Assurance C	ompany
			me of Company
		David R. Bowman, ACAS, MA	AA - Vice President, Actuarial

RECEIVED

Official - Title

DEC 2 0 2006

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/11/2006 (1) (2)(3) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial \$1,266,731 n 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass **Fidelity** 6. 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Premiums will now be rounded to the nearest penny rather then the dollar.

American International Insurance Company

Name of Company

David R. Bowman, ACAS, MAAA - Vice President, Actuarial

Official - Title

RECEIVED

DEC 2 0 2006

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

effective December 1, 2006

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DEC 1 9 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial	20,000,992_	-10%
2. Automobile Physical Damage Private Passenger Commercial	13,427,946	-10%
3. Liability Other Than Auto4. Burglary and Theft		
5. Glass6. Fidelity7. Surety		
8. Boiler and Machinery 9. Fire 10. Extended Coverage		
10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Worker's Compensation 16. Other Line of Insurance		
Does filing only apply to certain territory	(territories) or certain cl	asses?
If so, Specify: NO		

competitive analysis and loss experience.

ollo Casualty Company

Name of Company

Presidant Apollo Casualty Company

^{*} Adjusted to reflect prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	vel produced by rate revision effective	1/1/07
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private Passenger Commercial.	3352	0,00%
2. Automobile Physical Damage		
	778	0.00%
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14. Crop Hail		
15. Other Line of Insurance		
Line of tribulance		
Does filing only apply to certain territory (territories) or certain classes? If so, specify:	
Note: Rate change for this company is nu		
The chane to rate pages effects The Cinc		
Brief description of filing. (If filing follows i	rates of an advisory organization, specify org	ganization):
	<u> </u>	
*A diversal to reflect all prior rate abango		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rates	
	The Cinein	nati Indemnity Company
	<u> </u>	Name of Company
	·	tomo or company
	Matt Terreli	- Personal Lines Analyst
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rat	e level produced by rate revision effective	1/1/07
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Gemmercial	13,300,468	0.0
2. Automobile Physical Damage		
Private Passenger Cemmerci	al <u>11,585,583</u>	-0.32%
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		****
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. OtherLine of Insurance	· · · · · · · · · · · · · · · · · · ·	
Line of Insurance		
Does filing only apply to certain territ Territory 052 Rockford -5%; Territory	tory (territories) or certain classes? If so, spec 058 Kendall -10%	cify: Territory 39 North Chicago -10%
Drief description of filing /If filing follow	ws rates of an advisory organization, specify or	rachization):
brief description of filing, (if filing follow	ws rates of an advisory organization, specify of	ganization).
*Advanta data suffranti alli advanta ali anc		
*Adjusted to reflect all prior rate change **Change in Company's premium leve	ges. el which will result from application of new rate:	3.
	The Cincin	nnati Insurance Company
		Name of Company
	Matt Terre	II - Personal Lines Analyst
		Official Title

Change in Company's premium or rate level produced by rate revision effective 2/1/07 N - 4/1/07 R

	(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
	Coverage	Volume (Illinois)*	Change (+ 01 -)
1.	Automobile Liability		
	Private Passenger	\$1,121,871	-2.73%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$951,165	-2.73%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		-
8.	Boiler and Machinery		·
9.	Fire		
10.	Extended Coverage		-
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No
		rates of an advisory organization, specify orga	
		es 5% in all territories. Added the Accident Fr	
Star	ndard program to match our Preferred	program. Made a change to one of our bindi	ng authority rules.

- * Adjust to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DEC 2 7 2006

IDFPH (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Columbia Mutual Insuance Co.
Name of Company

Official - Title Dennis McVay, CPCU

Director, Research & Development

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger	9,700,000	0.0%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	5,100,000	0.0%
	Commercial		
3.	Liability Other Than Auto		· · · · · · · · · · · · · · · · · · ·
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	-	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
	Line of Insurance		-
	g only apply to certain territory (territor applies to all territories.	ries) or certain classes? If so, specify	<u> </u>
	ription of filing. (If filing follows rates eneral rate revision.	s of an advisory organization, specify	organization):
	to reflect all prior rate changes.		
	in Company's premium level which ult from application of new rates.		
		COUNTRY Casualty Insurance	Company
		Name of Conmany	
		$\bigcup A \setminus A \setminus A$	
		(T	

Official and Title

SUMMARY SHEET

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Chang (+ or -)**
1.	Automobile Liability		
	Private Passenger	163,893,111	0.0%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	135,302,437	0.0%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	 	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation		
16.	Other		
	Line of Insurance		
	g only apply to certain territory (territo applies to all territories.	ories) or certain classes? If so, specify	:
f desc	ription of filing. (If filing follows rate	s of an advisory organization, specify	organization):

COUNTRY Mutual Insurance Company
Name of Company
Ronald D. Pridgeon
Chief Property/Casualty Actuary
Official and Title

^{*}Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Coverage Volume (Illinois)* (+ or -)** 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: effling applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): is is a general rate revision. COUNTRY Preferred Insurance Company Name of Countany		(1)	(2) Annual Premium	(3) Percent Change
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filling only apply to certain territory (territories) or certain classes? If so, specify: e filling applies to all territories. ef description of filling. (If filling follows rates of an advisory organization, specify organization): is is a general rate revision. COUNTRY Preferred Insurance Company Name of Countant		Coverage	Volume (Illinois)*	(+ or -)**
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: efficing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): is is a general rate revision. COUNTRY Preferred Insurance Company Name of Countant COUNTRY Preferred Insurance Company Name of Countant Name of Cou	1.	Automobile Liability		
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: e filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): is is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COPNTRY Preferred Insurance Company Name of Company			76,141,253	0.0%
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: e filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): is is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COPNIRY Preferred Insurance Company Name of Continant		Commercial		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance ess filing only apply to certain territory (territories) or certain classes? If so, specify: e filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company	2.	Automobile Physical Damage		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance est filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Countany			58,981,220	0.0%
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: effiling applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COPNERY Preferred Insurance Company Name of Company				
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company		•		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. ligusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COPNERY Preferred Insurance Company Name of Company		- •		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing applies to all territories. COPNERY Preferred Insurance Company Name of Coputany				
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company				
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. Idjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company Name of Company		•		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. Change in Company's premium level which will result from application of new rates. CODNTRY Preferred Insurance Company Name of Company		· · · · · · · · · · · · · · · · · · ·		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance 25 filing only apply to certain territory (territories) or certain classes? If so, specify: 26 filing applies to all territories. 27 filing applies to all territories. 28 filing applies to all territories. 29 filing applies to all territories. 20 filing follows rates of an advisory organization, specify organization): 29 s is a general rate revision. 20 filing result from application of new rates. 20 filing result from application of new rates.				
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance 25 filing only apply to certain territory (territories) or certain classes? If so, specify: 26 filing applies to all territories. 27 filing applies to all territories. 28 filing applies to all territories. 29 filing applies to all territories. 20 filing follows rates of an advisory organization, specify organization): 29 sis a general rate revision. 20 filing follows rates of an advisory organization, specify organization): 20 filing follows rates of an advisory organization of regular territories. 20 filing follows rates of an advisory organization of regular territories. 20 filing follows rates of an advisory organization of regular territories. 20 filing follows rates of an advisory organization of regular territories. 20 filing follows rates of an advisory organization of regular territories.			<u> </u>	
13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance stiling only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. et description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company				
14. Crop Hail 15. Worker's Compensation 16. Other Line of Insurance stiling only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. stiling applies to all territories.		_		
15. Worker's Compensation 16. Other Line of Insurance stiling only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. stiling appli				
16. Other Line of Insurance stiling only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. of description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. Unusually to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company				
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: effiling applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): es is a general rate revision. Equation of the second of t		•		
es filing only apply to certain territory (territories) or certain classes? If so, specify: filing applies to all territories. ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company	16.			
ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company		Line of Insurance		
ef description of filing. (If filing follows rates of an advisory organization, specify organization): s is a general rate revision. djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company	es filing	g only apply to certain territory (territorie	s) or certain classes? If so, specify	•
djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company	_	· · · · · · · · · · · · · · ·		
djusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. COUNTRY Preferred Insurance Company Name of Company	of dogs:	rintion of filing (If filing followst	for advisory promination orif-	organizatio=)-
Change in Company's premium level which vill result from application of new rates. COUNTRY Preferred Insurance Company Name of Company			an advisory organization, specify	organization):
Change in Company's premium level which vill result from application of new rates. COUNTRY Preferred Insurance Company Name of Company				
COUNTRY Preferred Insurance Company Name of Company				
COUNTRY Preferred Insurance Company Name of Company				
Name of Company	/III rest	alt from application of new rates.		
Name of Company			COUNTRY Preferred Insurance	Company
The file				

Official and Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: 8 February 2007

	(1) Coverag	e	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger	Motorcycle Liability	[Qtr405-Qtr306 on-level] \$1,397,389	-3.5%
2.	Commercial Automobile Physical Damage Private Passenger	Motorcycle Phys. Damage	[Qtr405-Qtr306 on-level] \$1,484,596	-0.4%
3. 4.	Commercial Liability Other Than Auto Burglary and Theft			

- Glass
- Fidelity
- 7. Surety
- 8. **Boiler and Machinery** 9. Fire
- 10. Extended Coverage
- 11. Inland Marine
- 12. Homeowners
- 13. Commercial Multi-Peril
- 14. Crop Hail
- 15. Other

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adjusted symbol, class, cc, and model year Liability factors.

Adjusted symbol, class, cc, and model year Physical Damage factors.

Decreased Rider G roup Discount from 10% to 5%

Increased Multi-Cycle Discount from 10% to 15%

Adjusted point values within the Classic and Gold components

Overall percent change -1.9%.

Dairyland	Insurance	Comp	any

Name of Company

Ross Aiff - Actuarial Analyst I

Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

effective December 1, 2006

RECEIVED

DEC 1 9 2006

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Co	(1) verage	(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or - <u>)**</u>
<u> </u>	<u>verage</u>	Tolding (IIIII)	Onlange (* Or /
1.	Automobile Liability		
	Private Passenger	1,197,124	-10%
	Commercial	39699	-
2.	Automobile Physical Damage		
	Private Passenger	536,278	-10%
	Commercial	<u> </u>	
3.	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
6.	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Worker's Compensation		
	Other		
	Line of Insurance		
	Does filing only apply to certain territory (te	rritories) or certain cla	isses?
	, opening		
		·	_
	Brief desription of filing. (If filing follows rat		anization,
	specify organization): Across the board revis	ions in response to	

* Adjusted to reflect prior rate changes.

competitive analysis and loss experience.

** Change in Company's premium level which will result from application of new rates.

Delphi Casualty Company

Name of Company

Official - Title

Plesida +

SUMMARY SHEET

(Change in	Company's premium or ra	te level produced by rate revision effective	03/01/2007 New & Renewal
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automo	obile Liability		
	Private	e Passenger	\$306,542	0.5%
	Comm	nercial		
2.	Automo	obile Physical Damage		
		e Passenger	\$203,609	0.0%
	Comm	nercial		
3.	Liabilit	y Other Than Auto		
4.		y and Theft		
5.	Glass	•		
6.	Fidelity	1		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.		ed Coverage		
11.	Inland i			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Liability & Phys.	\$510,151	0.3%
		Dam.		
		Line of Insurance		
	iling only	apply to certain territory (t	erritories) or certain classes? If so, specify:	
No		<u></u> -		
				
			rs rates of an advisory organization, specify of stor and symbol revisions.	organization):
	_			

Fidelity National Property and Casulaty Insurance Company

Name of Company

 ^{*} Adjusted to reflect all prior rate changes.
 * Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	evel produced by rate revision effective	12/18/2006
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
_	Automobile Liability Private Passenger Commercial	\$497,619	+1.0%
 3. 4. 	Automobile Physical Damage Private Passenger Canada Sial Liability Other Than Auto Burglary and Theft	\$541,400	+1.3%
5. 6.	Glass Fidelity Surety		
8. 9.	Boiler and Machinery Fire Extended Coverage		
11.	Inland Marine Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail Other		
Do	es filing only apply to certain territory	(territories) or certain classes? If so, specif	'y: <u>No</u>
aut	omobile rate filing revises liability bas	rates of an advisory organization, specify e rates, comprehensive base rates, collision 7, symbol 8 base. The combined effect is	on base rates, increased liability
	ljusted to reflect all prior rate changes hange in Company's premium level w	i. hich will result from application of new rate	9S.
		The First	Liberty Insurance Company Name of Company
			James C. Giracca
			Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

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DIVISION OF INSURANCE
SPRINGFIELD

Summary Sheet (Form RF-3)

Change in Company's premium or rate level produced by rate revision Effective: New Business 01/01/2007 and Renewal 02/01/2007.

(1)	(2) 2005 Annual	(3)
	Premium	
Coverage	Volume (Illinois) * (\$ 000's)	Percent
Automobile Liability Private	(\$ 000 \$)	Change (+or-) **
Passenger	\$5,001	-2.80%
Commercial	40,001	2.0070
2 Automobile Physical Damage		
Private Passenger	\$1,656	0%
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6 Fidelity		
7. Surety	·····	
8. Boiler and Machinery		<u> </u>
9. Fire		
10.Extended Coverage 11.Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Life of Insurance		
Does filing only apply to certain terri		ain
Classes? If so, specify: First	Choice Program	
	· · · · · · · · · · · · · · · · · · ·	
Brief description of filing. (If filing fo	llows rates of an adviso	pry
Organization, specify organization):	Medical Rate Dec	rease
*Adjusted to reflect all prior rate about	nace	· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior rate cha **Change in Company's premium le	nges. vol.which will recult from	m application of new
rates.	ver writeri wiit tesuit froi	n application of new
·	FOUNDERS INSI	JRANCE COMPANY
		of Company
	David Mirza-Vice F	
		ial – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	4,850,511	
Automobile Physical Damage		
Private Passenger Commercial	3,926,286	0.2%
Liability Other Than Auto	0	0
Burglary and Theft	0	0
5. Glass	0	0
6. Fidelity	0	0
7. Surety	0	0
Boiler and Machinery	0	0
9. Fire	0	0
10. Extended Coverage	0	0
11. Inland Marine	0	0
12. Homeowners	0	0
13. Commercial Multi-Peril	0	0
14. Crop Hail	0	0 0
15. Other		<u> </u>
Does filing only apply to certain territory (te Brief description of filing. (If filing follows ra discounts to include a discount for Amerpri	tes of an advisory organization, specify	
*Adjusted to reflect all prior rate changes.	ch will result from application of new ra	tes.
""Onange in Company's premium level whi		
"Cnange in Company's premium level whi	IDS Bronner	by Cacualty Incurance Company
Cnange in Company's premium level whi	IDS Propert	Name of Company
Cnange in Company's premium level whi		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/11/2006 (3) (1) (2) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** **Coverage** Automobile Liability Private Passenger Commercial \$4,501,001 2. Automobile Physical Damage Private Passenger Commercial \$2,966,922 0 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. **Fidelity** 7. Surety **Boiler and Machinery** 8. 9. 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: по Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Premiums will now be rounded to the nearest penny rather then the dollar. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Illinois National Insurance Company

Name of Company

David R. Bowman, ACAS, MAAA - Vice President, Actuarial

Official - Title



ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 12/11/2006

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial	\$769,608	0
2.	Automobile Physical Damage		
	Private Passenger Commercial	\$534,275	0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		·
11.	***************************************	· · · · · · · · · · · · · · · · · · ·	
. — .	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	no
		ates of an advisory organization, specify orgarather then the dollar. New business will no longer be v	
	mente vin nen ee reenees te me neerest beimy		
	justed to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		The Insurance Company of the	e State of Pennsylvania
		Nai	me of Company

David R. Bowman, ACAS, MAAA - Vice President, Actuarial

Official - Title

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IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

§ 754. Exh. A

ILLINOIS REGULATIONS

§ 754. Exhibit A Summary sheet (Form RF-3)

SUMMARY SHEET

Change in Company's premium of	or rate level produced by rate revision	effective 1/1/07
(I)	(0)	•

Coverage	(2) Annual Premium Volume (Illinnis)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Life of Insurance	\$,000,000.	-7 °7°
Does filing only apply to certain territory NO Brief description of filing. (If filing follow organization): ADOUX ROTE CLASS ULTURES OFTERMS PICK UD	ws rates of an advisory of	organization, specify

WITCHES DETERING PICK UP DISCOUNT, DELETING 4-DR

Interstate Bankers Casualty Co.

Authority.—Implementing Articles VII-A and XXVI of the Illinois Insurance Code (II). Rev. Stat. 1989, ch. 73, par. 735A) and authorized by Section 401(a) of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, par. 1013). Source.—Filed September 9, 1975, effective September 30, 1975; codified at 7 III.

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	nge in Company's premium or rate l	evel produced by rate revision effective	12/18/2006
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
1. 4	Automobile Liability Private		
	Passenger Commercial	\$944,831	+1.6%
2.	Automobile Physical Damage	4011.001	1.070
	Private Passenger Commercial	\$821,536	+1.1%
3. 1	Liability Other Than Auto	40E 1,000	- 1,170
	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
	Glass		
	Fidelity		-
	Surety		
	Boiler and Machinery		-
9. 1			
10. E	Extended Coverage		
	nland Marine		
12. I	Homeowners		
13. (Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	
14. (Crop Hail		
15. (Other		
	Line of Insurance		
 Brief	description of filing. (If filing follows	territories) or certain classes? If so, specify:	organization): This private passenger
auto	<u>mobile rate filing revises liability ba</u>	se rates, comprehensive base rates, collision	on base rates, increased liability limit
facto	rs and shifts to model year 2007, sy	mbol 8 base. The combined effect is 1.4%.	
*Adiı	sted to reflect all prior rate changes		
**Ch	ange in Company's premium level w	hich will result from application of new rates	
	. , ,		•
		Liberty	Insurance Company
			Name of Company
		le	ımes C. Giracca
			Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	12/18/2006
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
Automobile Liability Private		
Passenger-Cemmercial	\$31,319 <u>,141</u>	+0.9%
2. Automobile Physical Damage		
Private Passenger Communicate	\$30,543,318	<u>+1.0%</u>
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	<u> </u>	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Brief description of filing. (If filing follow automobile rate filing revises liability b	v (territories) or certain classes? If so, specify: vs rates of an advisory organization, specify ase rates, comprehensive base rates, collisions symbol 8 base. The combined effect is 1.0%.	organization): This private passenger
	- Control of the cont	
*Adjusted to reflect all prior rate change **Change in Company's premium level	es. which will result from application of new rates	,
	Liborty Mutur	al Fire Insurance Company
		lame of Company
	•	and or sompany
	.Ja	mes C. Giracca
		Official Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 12/11/2006 (3) (1) (2) **Annual Premium** Percent Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Cerrifiercial \$2,908,566 2. Automobile Physical Damage Private Passenger Commercial \$2,305,315 -3.0 3. Liability Other Than Auto **Burglary and Theft** 4. 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Introduction of 50 tier program.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

National Union Fire Insurance Company of Pittsburgh, PA

Name of Company

David R. Bowman, ACAS, MAAA - Vice President, Actuarial
Official - Title

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^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

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Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

	Change in Company's premium or rat	12/19/2006					
	(1)	(2) Annual Premium	(3) Percent				
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>				
1.	Automobile Liability						
	Private Passenger	\$127,564	-7.4%				
	Commercial						
2.	Automobile Physical Damage						
	Private Passenger	\$143,610	-7.9%				
	Commercial						
3.	Liability Other Than Auto						
4.	Burglary and Theft						
5.	Glass						
6.	Fidelity						
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage						
11.	Inland Marine						
12.	Homeowners						
13.	Commercial Multi-Peril						
14.	Crop Hail						
15.	Other						
	Line of Insurance						
D	C1:	erritories) or certain classes? If so, specify:					
No							
110_							
Drief.	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):				
		approval for a change in our personal autor					
	oposing the following changes:	approvarior a change in our personal according	nobite insurance program. We				
	Changes to select factors in our tier al	gorithm:					
	- Changes to our Advantage Discount						
	Changes to tier rating factors						
	Changes to base rates						

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Response Insurance Company

Name of Company

Heather L. Stilson – Asst. State

Filings Administrator

TITLE 50: INSURANCE PART 754 RULES AND RATE FILINGS CHAPTER I: DEPARTMENT OF INSURANCE SECTION 754.EXHIBIT A SUMMARY SHEET (FORM RF-3)

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private	- · · · · ·	
	Passenger	29,000,000	-1.5%
	Commercial	***************************************	
2	Automobile Physical Damage		
	Private Passenger	2,000,000	0.0%
	Commercial		
١.	Liability Other Than Auto		
١.	Burglary and Theft		
5.	Glass		
5.	Fidelity		
١.	Surety		
١.	Boiler and Machinery		,,
).	Fire		
0.	Extended Coverage		
	Inland Marine	-	
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Life of Insurance		
	Does filing only apply to certain territ Classes? If so, specify: (See A	tory (territories) or certain Attached Summary)	
	Brief description of filing. (If filing forganization, specify organization):	follows rates of an advisory (See Attached Summary))
	*Adjusted to reflect all prior rate char **Change in Company's premium lev	el which will result from application	
		United Automobile	Incurance Company

Michael R. Parrillo – Executive Vice President
Official – Title

SUMMARY SHEET Form (RF-3)

Change i	n Company's premium or rate level pr	10/1/06 for New Business 12/1/06 for Renewals				
	(1)	(2) Annual Premium	(3)			
	<u>Coverage</u>	Volume (illinois)*	Percent Change (+ or -)**			
1	Automobile Liability					
	Private Passenger Commercial	\$30,931,232	-0.94%			
2	Automobile Physical Damage					
	Private Passenger Commercial	\$21,227,809	0%			
3	Liability Other Than Auto					
4	Burglary and Theft					
5	Glass					
6	Fidelity					
7	Surety					
8	Boiler and Machinery					
9	Fire					
10	Extended Coverage					
11	Inland Marine					
12	Homeowners					
13	Commercial Multi-Peril					
14	Crop Hail					
15	Other					
	g only apply to certain territory (territo	ories or certain classes? If so, spec	ify:			
No						
Brief des	scription of filing. (If filing follows rates	s of an advisory organization, specif	y organization):			
Please see filing letter						

- * Adjusted to reflect all prior rate changes
 ** Change in Company's premium level which will result from application of new rates.

Universal Casualty Company
Name of Company

Kent Lang - Underwriting V.P.
Official - Title

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IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or rate	12/19/2006	
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	\$333,505	-10.1%
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	\$360,050	-10.2%
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does i	filing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Brief of Warner propose	description of filing. (If filing follows	rates of an advisory organization, specify opproval for a change in our personal automo	

* Adjusted to reflect all prior rate changes.

Changes to base rates

** Change in Company's premium level which will result from application of new rates.

Warner Insurance Company

Name of Company

Heather L. Stilson - Asst. State Filings Administrator

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